Name in Full: Beaulah Aydelotte

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Near Pocomoke City — County: Worcester

Date of death 1904 — Month: Jany — Day: 4 — Age: Years: — Months: 5 — Days:

Sex: Female — Color or Race: Black — Birthplace: Worcester Co

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: Bettie Aydelotte

Father's Name: Samuel Aydelotte — Father's Birthplace: Worcester Co

Mother's Maiden Name: Bettie Aydelotte — Mother's Birthplace: Worcester Co

Name of person giving In formation: Bettie Aydelotte — How related to deceased: Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Croup — How long: 7 days

Immediate: Croup — How long: 7 days

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes — Signature of Physician: None

Address:

Accident or Suicide?

LIBRARY BUREAU A83519

Name in Full: Annie Beauchamp

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Princess Anne | County: Somerset

Date of death 1904: Month: Jan | Day: 25th | Years: 63 | Months | Days

Sex: Male | Color or Race: Colored | Birthplace: Somerset Co

Married, Single or Widowed: Married | Occupation: Farmer

Name of Wife or Husband: Alice Warrington

Father's Name: Henry Bellah | Father's Birthplace: Somerset Co

Mother's Maiden Name: Sallie Beauchamp | Mother's Birthplace: " "

Name of person giving information: Edgar Beauchamp | How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe | How long: two weeks

Immediate: Heart Trouble | How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Paul L Dennis

Address: Princess Anne, Md

Accident or Suicide?

LIBRARY BUREAU A66516

Name in Full: Mary B. Colliell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Girdletree Hill — County: Worcester

Date of death 1904 — Month: Jan. — Day: 30. — Age — Years: 18 — Months: 6 — Days:

Sex: Female — Color or Race: Colored — Birthplace: Worcester

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Robert Colliell

Father's Name: Charles Stevenson — Father's Birthplace: Worcester

Mother's Maiden Name: Elizebeth Stevenson — Mother's Birthplace: Worcester

Name of person giving information: Charles Stevenson — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption — How long: 8 months

Immediate: — How long: 2 months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Wm S. Williams

Address: Snow Hill Maryland

Accident or Suicide? County

LIBRARY BUREAU A888316

Name in Full: Carrell Cooper

CERTIFICATE OF DEATH

MARYLAND

Died at: Near Berlin | Town | County: Worcester

Date of death 1904	Month: June	Day: 1	Years: Age 2	Months: 6	Days

Sex: Male | Color or Race: White | Birthplace: Maryland

Occupation | Where Residing if not at place of death

~~Married~~, Single or ~~Widowed~~ | Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles M Cooper | Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Truitt | Mother's Birthplace: Seldsovia

Name of person giving Imformation: Charles Cooper (9) | How related to deceased: Father

CAUSES OF DEATH

Primary: Diptheria | How long

Immediate: Laryngeal involvement | How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C W Derrickson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88616

Name in Full Rev. Edward E. Davis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Newark (County) Worcester

Date of death (Month) 1904 Jan (Day) 9 Age (Years) 83 (Months) (Days)

Sex Male Color or Race White Birthplace Maryland

Occupation Minister Where Residing If not at place of death Newark

Married, Single or Widowed Married Name of Wife or Husband Hattie

Father's Name — Father's Birthplace —

Mother's Maiden Name — Mother's Birthplace —

Name of person giving Imformation Geo Mitchell 154 How related to deceased friend

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary Old age How long a few min.

Immediate Heart failure How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician H. C. Conaway M.D.

Address Newark Md.

Accident or Suicide? —

LIBRARY BUREAU A93816

Name in Full: Hester Dennis

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Snowhill — County: Worcester

Date of death 1904: Month: Jan — Day: 16 — Years: Age 53 — Months: — — Days:

Sex: Female — Color or Race: Colored — Birthplace: Worcester

Married, Single or Widowed: Married — Occupation: Cooking

Name of ~~Wife~~ or Husband: Levin Dennis

Father's Name: Stephen Bailey — Father's Birthplace: Worcester

Mother's Maiden Name: Comford Bailey — Mother's Birthplace: Worcester

Name of person giving information: Stephen Bailey — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart-Trouble — How long: 24 Months

Immediate: & Dropsy — How long: 10 days

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: William S. Williams

Address: Snowhill Maryland

Accident or Suicide? County

LIBRARY BUREAU

Name in Full: William Dennis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Stockton — County: Worcester

Date of death: Month: 1 — Day: 8 — Year: 1904 — Age: Years: 95 — Months — Days

Sex: Male — Color or Race: Dark — Birthplace: Virginia

Occupation: Laborer — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: William Dennis — Father's Birthplace: Va

Mother's Maiden Name: Nancy Harman — Mother's Birthplace: Va

Name of person giving Imformation: Josephine Holland — How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart failure — How long: 8 months

Immediate: Heart failure — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU AB8816

Name in Full: Samuel H. Dryden

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Spencer; County: Worcester

Date of death: Month: Jan; Day: 2; Years: 74; Months: —; Days: —

Sex: male; Color or Race: White; Birthplace: Md

Occupation: Farmer; Where Residing if not at place of death:

Married, Single or Widowed: married; Name of Wife or ~~Husband~~: Sarah E. (Mrs Ch.) Dryden

Father's Name: [illegible] 93; Father's Birthplace:

Mother's Maiden Name: Sallie Addinson; Mother's Birthplace: Md.

Name of person giving Information:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: How long:

Immediate: Pneumonia; How long: 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of ~~Physician~~: W. T. Hearn

Address: Snow Hill Md.

Accident or Suicide?

LIBRARY BUREAU A8S816

Name in Full: Emmanuel Gumby

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Pocomoke City; County: Worcester

Date of death: 1904 Month: Jany Day: 22

Age: Years: 21 Months: 11 Days: 15

Sex: Male

Color or Race: Colored

Birthplace: Pocomoke

Occupation: Laborer

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Henry Gumby

Father's Birthplace: Worcester Co.

Mother's Maiden Name: Amelia Dunkin

Mother's Birthplace:

Name of person giving Information: John Gumby

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pulmonary Tuberculosis

How long: About 2 years

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Do for as I know

Signature of Physician: R. Lee Hall

Address: Pocomoke City, Md

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A8981G

Name in Full: Infant -

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin — County: Worcester

Date of death: 1904 — Month: 1 — Day: 23 — Age: Years — Months — Days

Sex: Female — Color or Race: White — Birthplace: Worcester

Occupation: — Where Residing if not at place of death: —

TO BE ANSWERED BY NEAREST FRIEND

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Chester M Gumby S. — Father's Birthplace: Worcester

Mother's Maiden Name: Mary Powell — Mother's Birthplace: " "

Name of person giving Imformation: J. E. Elliss Jr — How related to deceased: Nurse

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dead Born — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J C Dickson

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full: Jadok. Purnell Henry Sr

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Berlin; County: Worcester

Date of death: 1904 January 26; Age: Years 72, Months 9, Days 22

Sex: Male; Color or Race: White; Birthplace: Berlin Md

Occupation: Farmer; Where Residing if not at place of death:

Married, ~~Single or Widowed~~; Name of Wife or Husband: Elizabeth A Henry

Father's Name: Jadok. P. Henry. 166; Father's Birthplace: Berlin

Mother's Maiden Name: ; Mother's Birthplace: Berlin

Name of person giving Imformation: Jadok. P. Henry Jr; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Struck by R. R. engine; How long:

Immediate: Shock & Internal Hemorrhage; How long: 5 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. P. Henry Jr M D

Address: Berlin Maryland

Accident or ~~Suicide~~?

LIBRARY BUREAU A88818

Name in Full: Armenia Holland

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Pocomoke city — County: Worcester

Date of death 1904: Month: Jan — Day: 23 — Age: Years — Months — Days

Sex: Female — Color or Race: Black — Birthplace: Worcester Co

Married, Single or Widowed: Widow — Occupation: None

Name of Wife or Husband: Robt - Holland

Father's Name: Robt - Holland Sr. — Father's Birthplace: Worcester Co

Mother's Maiden Name: Eva Boston — Mother's Birthplace: Somerset Co

Name of person giving Information: Robt - Holland Jr — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Still Born — How long

Immediate — How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A66519

Name in Full: Charles Lane

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Bishopsville (County) Worcester

Date of death 1904 Month: Jan Day: 11

Age: Years: Months: 6 Days:

Sex: Male Color or Race: Colored Birthplace: Maryland

Occupation: None Where Residing if not at place of death: Bishopsville

Married, Single or Widowed: Single Name of Wife or Husband: None

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Riley Fowgsend Father's Birthplace: Maryland

Mother's Maiden Name: Nora Lane Mother's Birthplace: Maryland

Name of person giving Imformation: Mrs Kate Lane How related to deceased: Grand Mother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croop How long: 4 Days

Immediate: None How long: 4 Days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: None

Address: Bayne Bishopsville Md

Accident or Suicide? No

LIBRARY BUREAU A88516

Name in Full: Greensburg H. Phippin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Lukes; County: Worcester

Date of death: Month: Jan.; Day: 7th; Year: 1904; Age: 70 Months Days

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: Farmer; Where Residing if not at place of death: at home

Married, Single or Widowed: Married; Name of Wife or Husband: Margaret Phippin

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: dont know; Father's Birthplace: ~

Mother's Maiden Name: " "; Mother's Birthplace: ~

Name of person giving information: Chas. H. Dykes; How related to deceased: None

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: No doctor, old age; How long: ~

Immediate: I am told; How long: ~

Are the name, age, sex, color, date and place correctly given above? I dont know

Signature of Informant

Address: Gen. C. Hill

Accident or Suicide? Undertaker Salisbury Maryland

LIBRARY BUREAU ADDRESS

Name in Full: Alice Purnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Lynchburg — County: Worcester

Date of death 1904 — Month: 11 — Day: 16 — Age — Years: 3 — Months: — — Days: —

Sex: female — Color or Race: White — Birthplace: Worcester

Occupation: — — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: — — Father's Birthplace: Worcester

Mother's Maiden Name: Mary B. Purnell — Mother's Birthplace: "

Name of person giving Information: John N. Hammond — How related to deceased: Uncle

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diptheria — How long: 5 days

Immediate: Diptheria — How long: 5 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno. O. Pitts

Address: Berlin, Md.

Accident or Suicide? —

LIBRARY BUREAU A88010

Name in Full: Effie Myrtle Purnell

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fruitland — County: Worcester

Date of death: 1913 — Month: 9 — Day: 20 — Years: 15 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Worcester

Occupation: — — Where Residing if not at place of death: —

Married or Single: Single — Name of Wife or Husband: —

Father's Name: Algernon — Father's Birthplace: Worcester

Mother's Maiden Name: Mamie Pusnell — Mother's Birthplace: —

Name of person giving Information: J M Purnell — How related to deceased: G Mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria — How long: 12

Immediate: Heart-Failure — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr J W Pitts

Address: Berlin Md

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Ray Purnell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Synepuxent — County: Worcester

Date of death: 1902 — Month: 1 — Day: 18 — Age — Years: 5 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: Worcester

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Illegitimate — Father's Birthplace: Worcester

Mother's Maiden Name: Ridgly Purnell — Mother's Birthplace: —

Name of person giving Imformation: John A Truman — How related to deceased: Uncle.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diptheria — How long: 8 days

Immediate: Diptheria — How long: 8 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno W Pitts

Address: Berlin, Maryland.

Accident or Suicide?

LIBRARY BUREAU A65616

Name in Full: Clarrie Redden

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: M. L. Westley — County: Worcester

Date of death 190 4 — Month: June — Day: 27. — Age — Years: 26 — Months: — — Days: —

Sex: Female — Color or Race: ~~Col~~ Col. — Birthplace: Worcester

Married, Single or Widowed: Married — Occupation: House wife

Name of Wife or Husband: Charlie Redden

Father's Name: ~~Chas~~ Henry Richardson — Father's Birthplace: Worcester

Mother's Maiden Name: Elizabeth Blake — Mother's Birthplace: Worcester

Name of person giving In formation: alford Johnson — How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption "P" — How long: 12 months

Immediate: Hemorage — How long: Near 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: William S. Williams

Address: Snowhill

Accident or Suicide? Worcester County Maryland

PHYSICIAN OR CORONER

LIBRARY BUREAU A8881A

Name in Full: Sarah A Riggin

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Berlin; County: Worcester

Date of death: 1904; Month: 1; Day: 9; Age: Years: 78; Months: —; Days: —

Sex: female; Color or Race: white; Birthplace: Md

Occupation: Retired; Where Residing if not at place of death: Worcester Co

~~Married~~, ~~Single~~ or Widowed: Widowed; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: Worcester

Mother's Maiden Name: —; Mother's Birthplace: "

Name of person giving Information: James Davis; How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Old Age; How long: Several weeks

Immediate: Old age.; How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ebe Holland MD

Address: Berlin Md

Accident or ~~Suicide~~?

LIBRARY BUREAU A8S818

Name in Full: Sarah A Robbins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Berlin; County: Worcester

Date of death: 1904; Month: 1; Day: 23; Age: Years: 67; Months: —; Days: —

Sex: Female; Color or Race: Blk; Birthplace: Worcester

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: Widowed; Name of Wife or Husband: —

Father's Name: —; Father's Birthplace: Worcester

Mother's Maiden Name: —; Mother's Birthplace: "

Name of person giving Imformation: William Sullen; How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Valvular disease of heart; How long: Abt 12 years

Immediate: —; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Ebe Holland

Address: Berlin Md

Accident or Suicide? —

LIBRARY BUREAU A85018

Name in Full: George Scarborough

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Fredertree County: Worcester

Date of death 190 4: Month: Jonuary Day: 16 Years: Age 78 Months Days

Sex: male Color or Race: white Birthplace: Md

~~Married~~, Single, ~~Widowed~~ Occupation: Soldier

Name of Wife or Husband

Father's Name: Kendle Scarborough Father's Birthplace: Md

Mother's Maiden Name Mother's Birthplace

Name of person giving information: William Tilghman How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Heart failure How long: 7 weeks

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

LIBRARY BUREAU A88316

Name in Full: Walter Taylor

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Pocomoke City; County: Worcester

Date of death 1904: Month: Jan; Day: 2; Age: Years: 45; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: Worcester Co

Married, Single or Widowed: Married; Occupation: Laborer

Name of Wife or Husband: Emma Blake

Father's Name: Levin Taylor; Father's Birthplace: Worcester

Mother's Maiden Name: Harriet Dunn; Mother's Birthplace: " "

Name of person giving Information: Julius Smith; How related to deceased: Neighbor

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Phthisis Pulmonalis; How long: 1 year

Immediate: Collapse; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Saml S Gunby

Address: Pocomoke City Md

Accident or Suicide?

LIBRARY BUREAU A39510

Name in Full: Henry Townsend

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Stockton — County: Worcester

Date of death: 1904 January 20th — Age: Years 56 — Months — Days

Sex: Male — Color or Race: Negro — Birthplace: Near Stockton

Occupation: Fish Dealer — Where Residing if not at place of death: Stockton

Married, Single or Widowed: Married — Name of Wife or Husband: Hester Townsend

Father's Name: Littleton Selby — Father's Birthplace: near Stockton

Mother's Maiden Name: Leah Townsend — Mother's Birthplace: near Stockton

Name of person giving Imformation: Edward Handy — How related to deceased: married sister of H Townsend's wife

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Paralysis — How long: 4 years

Immediate: Malnutrition — How long: 2 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. I. Parker

Address: Stockton Maryland

Accident or Suicide?

LIBRARY BUREAU A88514

Name in Full: Lola Twigg

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Londonderry? County: Worcester

Date of death 1907: Month: Jan. Day: 26

Age: Years: 4 Months: 5 Days: 21

Sex: Female Color or Race: White Birthplace: Md

Married, Single or Widowed: Occupation:

Name of Wife or Husband:

Father's Name: Father's Birthplace:

Mother's Maiden Name: Lottie F. Twigg Mother's Birthplace: Md

Name of person giving information: Levin Twigg How related to deceased: Grandfather

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diphtheria How long: 3 days.

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. T. Fearne

Address: Snow Hill Md.

Accident or Suicide?

LIBRARY BUREAU A8818

Name in Full: Joseph Wainright

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Ocean city — County: worcester

Date of death: Month: Jan — Day: 22 — 1904

Age: Years: 24 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~ — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Elisha Wainright — Father's Birthplace: Maryland

Mother's Maiden Name: Jane Thall — Mother's Birthplace: Maryland

Name of person giving Information: Rotard Thall — How related to deceased: uncle

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: Year or two

Immediate: — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C. W. Dirickson

Address: Berlin Md

Accident or Suicide? —

LIBRARY BUREAU A88918